Benefits Guide

for 2020 New Hires & Status Changes

CONE HEALTH

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Health & well-being. Financial protection. Work/life harmony.

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DON'T FORGET!

- Enroll within 30 days of your hire date/status change date
- Talk to Alex®
- Take your Health Risk Assessment within 30 days at **myactivehealth.com/conehealth**

Welcome to 2020 Benefits Enrollment!

Each year Cone Health works hard to create a comprehensive benefits package that offers a combination of both traditional and unique benefits providing a variety of choices for the diverse needs of over 10,000 benefits-eligible employees. In 2020 we continue this journey with an emphasis on providing value and flexibility in benefit choices for you and your family.

Please take the time to read the enclosed material and give careful consideration to your benefit selections for 2020.

Please note: The information contained in this booklet outlines some of the major features of the benefit plans of Cone Health. It is intended to be a brief overview only. In the event that this booklet varies from the information in the full Summary Plan Descriptions (SPDs), the SPD language and provisions will govern.

Please see page 36 for important information about your prescription drug coverage with Cone Health and Medicare.

Who's Eligible?

Except where noted, you are eligible for the benefits described in this guide if you are:

- A regular full-time employee working between 30 and 40 hours per week (an employee with an FTE of .75 or greater).

OR

- A part-time employee scheduled to work between 12 and 29 hours per week (an employee with an FTE of .30 to .74).

Eligible Dependents

Others in your family may be eligible for coverage under your benefit plans. Eligible dependents include:

- Your spouse, including a same-sex spouse, as defined by federal law.
- Your children up to age 26 (including natural, step or adopted children, children placed with you for adoption or children for whom you are the legal guardian).

You also may cover any other dependent children for whom you are required to provide coverage under a Qualified Medical Child Support Order. In addition, a child who is physically or mentally incapable of self-support may be eligible for extended coverage beyond age 26. You must provide a Social Security number and date of birth along with proof of eligibility for each dependent that you cover. Claims cannot be processed until proof of eligibility has been received.

Do You and Your Spouse Both Work at Cone Health?

If you and your spouse both work for Cone Health you may each enroll for medical, dental, vision and life insurance coverage as an employee or you may cover your spouse for medical, dental and vision if you are choosing family coverage. Only one of you may cover your dependent children. You may not cover your spouse as your dependent if your spouse is also enrolled separately as a Cone Health employee.

Talk to Alex®

Alex – our virtual benefits counselor will make plan recommendations based on how you answer questions about your use of health care, the premiums and out-of-pocket maximums as well as provide information and help on dental, life and disability plans. Alex is not our enrollment system but simply a tool to help you think about your plan selections prior to using the enrollment system to make your choices. You cannot complete your enrollment with Alex.

The URL for Alex is https://www.myalex.com/conehealth/2020.

Remember that Alex is only one of the tools available to help you understand your benefits – the choice is ultimately yours!

We're Right Here With You!

We can meet you where you are! The Benefits Education Team is available year round to attend your staff meeting or huddle. Please let us know how we can help. Ask your leader to reach out to us at **benefits@conehealth.com**.

When Can I Enroll in Benefits for 2020?

Please complete your benefits enrollment within 30 days of your hire date or status change. Please make sure you complete your enrollment by the deadline.

Do I Have to Enroll in Benefits?

We strongly recommend that you participate. However if you are covered under policies with your parents or spouse, you do not have to enroll. If you are full time (.75 – 1.0 FTE) and do nothing you will have Basic Life and Basic Long Term Disability. If you are part-time (.30 - .74 FTE) you will have Basic Life only.

How Do I Enroll?

You can enroll in one of three ways:

1. To access your benefits enrollment from anywhere, anytime: Log into https://conehealth.sharepoint.com using your Cone Health email address and your network password. Locate Quick Links and click on MyBenefits. You will be directed to the MyBenefits homepage. On the myBenefits homepage, click on myBenefits Portal under Useful Links or click on WEB: Benefits Enrollment Portal in the information box on the right.
2. Sign into Cone Health Worx > Under the My Benefits heading, click on My Benefits. This takes you directly to the enrollment system.
3. For personal help by phone, please call the Benefits Call Center at 336-832-8777 from 8:30 a.m. to 5 p.m. Monday through Friday.

If You Don't Enroll

You have 30 days from your date of hire or status change to enroll. If you don't enroll in time, you may not get the benefits you want or need. You will automatically default to basic life insurance coverage. If you are a full-time employee (.75 - 1.0 FTE), you will also default to basic long-term disability. You won't have another opportunity to enroll for benefits until the next annual enrollment period for coverage effective the following Jan. 1, unless you have a qualifying event (see below).

Making Changes During the Year

The choices you make when you are first hired or for a benefits-eligible status change are generally effective for the rest of the calendar year. You may not make changes, add or remove dependents until the next annual enrollment period unless you have a "qualifying event." Qualifying events include:

- Your marriage or divorce.
- The birth, adoption or legal custody change of a child.
- The death of a spouse or dependent.
- A change in benefits-eligibility status.
- A change in your spouse's employment that affects benefits coverage.
- A Qualified Medical Child Support Order.

Any change you make must be consistent with the qualifying event. For example, if you get married, you could add your spouse to your medical coverage but you would not be able to change your medical plan.

You have 31 days after the qualifying event to make any benefit changes. Late notification will result in premiums refunded for a 30-day period only. In addition, late notification may result in a forfeiture of COBRA continuation coverage rights. Call 336-832-8777, Monday through Friday, or visit your local Human Resources office to report a qualifying event and for information on which benefits you may change.

When Coverage Begins

In most cases, benefits you elect during your initial eligibility are effective the first of the month following your date of hire or status change. Some benefits, such as accident insurance, critical illness, hospital indemnity, whole life insurance and the UltimateAdvisor Legal Protection Plan become effective on the first of the month after you have completed three months of benefits-eligible employment.

When Coverage Ends

Benefits coverage ends on the last day of the month that you terminate employment, retire or become ineligible for benefits. The exceptions are flexible spending accounts, life and disability insurance, which end on your last day of employment. Coverage for your dependent children ends at the end of the month following their 26th birthday.

If applicable, you have 60 days from the date on your COBRA election notice or from loss of coverage date, whichever is later, to select health care, dental and/or vision coverage through COBRA.

You may be able to continue some of your benefits after you leave Cone Health. Your individual policies such as whole life, critical illness and accident will go on direct bill and you can continue paying for them at the same coverage levels and rates. Some life insurance may be continued if you contact Aetna at 800-882-8395 and complete continuation paperwork within 31 days of losing your life insurance coverage.

2020 Medical Plans - A Year of Few Changes

Cone Health offers the Choice and Save Plans administered by UMR and the Focus Plan administered by Centivo.

All of the plans have some things in common:
1. You must use in-network providers for your care (Choice and Save Plans – United Healthcare Choice Plus; Focus Plan – Centivo).
2. Preventive services are covered at 100%.
3. You must get your maintenance and specialty medications from a Cone Health Outpatient Pharmacy.
4. There are no exclusions for pre-existing conditions.
5. Employees and covered spouses must complete the Health Risk Assessment with Active Health Management within 30 days of your hire date or status change date. If you do not complete your Assessment, your premium will increase by $15 per pay period.
6. All plans have a spouse surcharge on them IF your spouse has access to other coverage with another employer. This surcharge does not apply if your spouse is on Medicare, Self-Employed, Unemployed, Retired or is also an employee of Cone Health. The Choice Plan has a $75 per pay period spousal surcharge; the Save and Focus Plans have a $50 per pay period spouse surcharge.
7. The prescription drug plan is the same for all three plans. However, remember with the Save Plan that you pay the full cost of your prescription drugs until your deductible is met. Once your Save Plan deductible is met, you will have the same co-pays and co-insurance as the Choice and Focus Plans. The only exception to the Save Plan is the list of "Safe Harbor" drugs (please see additional information under the Save Plan description). **For the Save Plan starting Jan. 1, 2020, any out-of-pocket expense covered by a manufacturer co-pay savings card will no longer be applied toward your deductible.**

The 2020 Choice Plan – A Preferred Provider Plan

The Choice Plan is a traditional Preferred Provider Organization (PPO) plan. The administrator of this plan is UMR and the network is United Healthcare Choice Plus which is a national network.

This type of plan allows you to visit whatever in-network physician or provider you wish without first requiring a referral from a Primary Care Physician. What you pay depends on where you get your care. If your care is provided by a Cone Health or THN provider, your out of pocket costs are lower (see Cone Health Network column) than if you go to a provider that is in the United Healthcare network but not part of Cone Health or THN (see United Healthcare Choice Plus Network column below). However, your total annual out-of-pocket maximum is the same.

Advantages of the Choice Plan:

- Large network of providers; good particularly if you live out of state or have children who go to school or live out of state
- Lower costs for services at a Cone Health or THN physician or Cone Health facility
- Low deductible
- Predictable co-pays
- No cost for e-Visits, Virtual Visits (video/phone) and InstaCare visits
- Deductible does not apply to prescription drugs

Disadvantages of the Choice Plan

- Higher per pay period premiums
- Higher spouse surcharge
- High Out-Of-Pocket Annual Maximum

Choice Plan Specifics	United Healthcare Choice Plus Network	Cone Health Network - These discounts are an incentive to use the Cone Health Network
Calendar Year Deductible - CYD (Individual/Family)	$300/$600	$300/$600
Out-of-Pocket Maximum - OOP (Individual/Family)	$7,900 /$15,800	$7,900 /$15,800
Lifetime Maximum	Unlimited	Unlimited
Preventive Care - Annual wellness exams, Pap test, first colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care (eye exam)	No cost	No cost
Breast Health - Screening mammograms, ultrasound and/or MRI	No cost	No cost
Breast Health - Diagnostic mammograms, ultrasound and/or MRI	No cost after deductible	No cost after deductible
Hospital Admission	$1,000 copay and 40% after deductible	$500 copay and 20% after deductible
Maternity - Follows regular hospital admission and physician services	$1,000 copay and 40% after deductible	$500 copay and 20% after deductible
Outpatient Ambulatory Surgery	$500 copay and 40% after deductible	$250 copay and 20% after deductible
Radiology Services - ((Except CT, MRI and PET scans) Regardless of where they are done including physician offices	40% after deductible	20% after deductible
Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices	$500 copay and 40% after deductible	$250 copay and 20% after deductible
Primary Care Office Visit - (Includes family practice and internal medicine physicians and pediatricians)	$30 copay after deductible	$10 copay - NOT subject to deductible if Triad HealthCare Network or Cone Health provider
Specialist Office Visit - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)	$60 copay after deductible	$50 copay if a Triad HealthCare Network specialist after deductible
e-Visits via MyChart	Not applicable	No cost
Virtual Visit (video/phone)	Not applicable	No cost
InstaCare Visit	Not applicable	No cost
Chiropractic Office Visit	$40 copay after deductible	Only available in the United Healthcare Choice Plus Network
Physician Services - Hospital inpatient or outpatient surgery	20% after deductible	20% after deductible
Emergency Room Visit	$500 copay after deductible	$500 copay after deductible
Urgent Care Visit	$60 copay after deductible	$60 co-pay after deductible
Laboratory Services (Medically necessary)	Routine wellness labs covered at 100%; all other labs 20% after deductible	Routine wellness labs covered at 100%; all other labs 20% after deductible
Therapeutic Services (Physical, occupational, speech therapy office visits)	$40 copay after deductible 24 visit maximum per year	$20 copay after deductible
Cardiac and Pulmonary Rehab Visits	$40 copay after deductible 24 visit maximum per year	No cost
Holistic Treatment	$40 copay with $500 maximum benefit per year after deductible	$40 copay with $500 max benefit per year after deductible
Mental Health/Substance Abuse (Outpatient services)	20%	20%
Individual or Group Therapy	$25 copay	$10 copay - NOT subject to deductible if THN or CH provider

2020 Choice Plan - With Completion of Health Risk Assessment Per Pay Period (26 pay periods)

Requirements for the Healthy Lifestyle Premium are completion of the Health Risk Assessment within 30 days of your hire date or status change date by both you and your covered spouse

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$86.00	$146.00
Employee + Child(ren)	$150.00	$210.00
Employee + Spouse	$187.00	$246.00
Employee + Family	$243.00	$301.00
Employee + Spouse w/ Spousal Surcharge	$262.00	$321.00
Employee + Family w/ Spousal Surcharge	$318.00	$376.00

Choice Plan Without Completion of Health Risk Assessment Per Pay Period (26 pay periods)

If you and your covered spouse do not complete the Health Risk Assessment within 30 days of your hire date or status change, you will pay the additional $15 per pay period.

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$101.00	$161.00
Employee + Child(ren)	$165.00	$225.00
Employee + Spouse	$202.00	$261.00
Employee + Family	$258.00	$316.00
Employee + Spouse w/ Spousal Surcharge	$277.00	$336.00
Employee + Family w/ Spousal Surcharge	$333.00	$391.00

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*Spouse surcharge of $75 per pay period is required if your covered spouse is offered coverage with another employer and you opt to cover them on a Cone Health medical plan. You do not have to pay the surcharge if your spouse is unemployed, self-employed, retired, on Medicare, a student or also a Cone Health employee.

The 2020 Save Plan: A High Deductible Health Plan

The Save Plan is a High Deductible Health Plan which is paired with a Health Savings Account. The administrator of this plan is UMR and the network is United Healthcare Choice Plus which is a national network

In a High Deductible Health Plan, you pay 100% of the United Healthcare contracted rate for medical services you receive (with the exception of preventive services, which are no cost) and 100% of the cost of prescription drugs until your deductible is met. Once you meet your deductible, the plan pays as listed on the chart. The only exception is prescription drugs listed on the Safe Harbor List. You pay the same as the other two plans for prescription drugs on the Safe Harbor List. You can find that list by: Quick Links at MyBenefits > Medical, Vision, Dental tab on the left > Benefits documents (lower right) > Category: Prescriptions > RX – Safe Harbor). The deductible in 2020 is $1,400 for single coverage and $2,800 for any coverage other than single coverage.

This plan is qualified to be paired with a Health Savings Account (if you are under age 65 or if you are age 65 or older and not yet participating in Medicare A). A Health Savings Account (HSA) is a unique, tax-advantaged account that can be used to pay for current or future healthcare (medical, dental or vision) expenses. An HSA offers savings and tax advantages that cannot be duplicated in a flexible spending account and your balance goes with you wherever you go. An HSA is always your money. Cone Health helps with your

deductible by offering a contribution to your Health Savings Account based on your hourly rate called "seed money." That contribution will be posted into your HSA account as soon as administratively possible close to your benefits effective date. This is also an excellent opportunity for you to save money for your current and future eligible expenses because your contributions are tax-free and FICA free which reduces your taxable wages. **New employees hired throughout 2020 will have pro-rated seed money based on the number of months they will be working in the calendar year**.

The HSA maximum amounts that can be contributed in 2020 are $3,550 for an individual and $7,100 for family coverage. If you are age 55 or older, you can contribute an additional $1,000 per year. Remember the annual limit for HSA is the combination of your contributions and those made by Cone Health. If you want to contribute the maximum amount, you will need to adjust your annual maximum for the amount of seed money contributed by Cone Health.

2020 seed money to be contributed by Cone Health in January 2020:
- $12.00 - $17.50 hourly rate = $750
- $17.51 - $31.00 hourly rate = $500
- $31.01 and up hourly rate = $250

You can also coordinate your Health Savings Account with a Limited Flexible Spending Account to pay for dental and vision expenses while you meet your medical deductible, thus preserving your HSA funds for future use. For more information about Health Savings Accounts or how to coordinate with Limited Flex, please see "2020 Important Information about Health Savings Accounts" and "Health Savings Accounts and Turning Age 65," located on the MyBenefits page.

In the Save Plan, what you pay for services depends on where you get your care. If your care is provided by a Cone Health or THN provider, your out of pocket costs are lower (see Cone Health Network column on the Save Plan chart) than if you go to a provider that is in the United Healthcare network but not part of Cone Health or THN (see United Healthcare Choice Plus Network column below). However, your total annual out-of-pocket maximum is the same.

Advantages of the Save Plan:
- Lowest per pay period premiums
- Large network of providers; good particularly if you live out of state or have children who go to school or live out of state
- Lower costs for services at a Cone Health or THN physician or Cone Health facility
- Health Savings Account offered with this plan
- Low Annual Out-of-Pocket Maximum

Disadvantages of the Save Plan
- Highest deductible of all plans offered
- Services and prescription drugs (other than preventive) apply to deductible
- Small Charge for e-Visits, Virtual Visits and InstaCare visits.

SAVE Plan Specifics	United Healthcare Choice Plus Network	Cone Health Network - These discounts are an incentive to use the Cone Health Network
Calendar Year Deductible - CYD (Individual/Family)	$1,400/$2,800	$1,400/$2,800
Out-of-Pocket Maximum - OOP (Individual/Family)	$4,000/$8,000	$4,000/$8,000
Lifetime Maximum	Unlimited	Unlimited
Preventive Care - Annual wellness exams, Pap test, screening colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care	No cost	No cost
Breast Health - Screening mammograms, ultrasound and/or MRI	No cost	No cost
Breast Health - Diagnostic mammograms, ultrasound and/or MRI	20% after deductible	20% after deductible
Hospital Admission	40% after deductible	20% after deductible
Maternity - Follows regular inpatient facility and physician charges	40% after deductible	20% after deductible
Outpatient Services	40% after deductible	20% after deductible
Radiology Services - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices	40% after deductible	20% after deductible
Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices	40% after deductible	20% after deductible
Primary Care Office Visit - (Includes family practice and internal medicine physicians and pediatricians)	40% after deductible	Zero cost after deductible if seeing a Triad HealthCare Network primary care physician
Specialist Office Visit - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)	40% after deductible	20% after deductible
e-Visits via MyChart	Not applicable	$35
Virtual Visit (video/phone)	Not applicable	$40 and does not apply to deductible or OOP maximum
InstaCare Visit	Not applicable	$40 and does not apply to deductible or OOP maximum
Chiropractic Office Visit	20% after deductible with a maximum	Only available in the United Healthcare Choice Plus Network
Physician Services - Hospital inpatient or outpatient surgery	20% after deductible	20% after deductible
Emergency Room Visit	20% after deductible	20% after deductible
Urgent Care Visit	20% after deductible	20% after deductible
Laboratory Services (Medically necessary)	20% after deductible	20% after deductible
Therapeutic Services (Physical, occupational, speech, cardiac and pulmonary rehab office visits)	40% after deductible with a maximum of 24 visits per year	20% after deductible
Holistic Treatment	40% after deductible with a $500 per year benefit maximum	20% after deductible with a $500 per year benefit maximum
Mental Health/Substance Abuse (Inpatient or outpatient services)	20% after deductible	20% after deductible
Individual or Group Therapy	20% after deductible	Zero cost after deductible if seeing a Cone Health or Triad HealthCare Network provider

Save Plan With Completion of Health Risk Assessment Per Pay Period (26 pay periods)

Requirements for the Healthy Lifestyle Premium are completion of the Health Risk Assessment within 30 days of your hire date or status change date by both you and your covered spouse.

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$53.00	$116.00
Employee + Child(ren)	$87.00	$150.00
Employee + Spouse	$97.00	$160.00
Employee + Family	$137.00	$201.00
Employee + Spouse w/ Spousal Surcharge	$147.00	$210.00
Employee + Family w/ Spousal Surcharge	$187.00	$251.00

Save Plan Without Completion of Health Risk Assessment Per Pay Period (26 pay periods)

If you and your covered spouse do not complete the Health Risk Assessment within 30 days of your hire date or status change, you will pay the additional $15 per pay period.

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$68.00	$131.00
Employee + Child(ren)	$102.00	$165.00
Employee + Spouse	$112.00	$175.00
Employee + Family	$152.00	$216.00
Employee + Spouse w/ Spousal Surcharge	$162.00	$225.00
Employee + Family w/ Spousal Surcharge	$202.00	$266.00

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*Spouse surcharge of $50 per pay period is required if your covered spouse is offered coverage with another employer and you opt to cover them on a Cone Health medical plan. You do not have to pay the surcharge if your spouse is unemployed, self-employed, retired, on Medicare, a student or also a Cone Health employee.

The 2020 Focus Plan - A Narrow Network Plan

The Focus Plan was introduced in 2019 with many employees taking advantage of this new plan. The administrator and network provider of the Focus Plan is Centivo. The Focus Plan provider network includes Cone Health facilities and physician practices as well as a large number of THN independent and community physicians. You can find the list of network providers at www.conehealth.centivo.com. This plan has a limited local network, so it is NOT an appropriate plan for anyone who lives out of state or has covered dependents outside of the Triad or if you are currently getting treatment from an out-of-network physician and you want or need to continue to go to that practice. It is important to understand that the United Healthcare (UHC) Choice Plus Network is not part of the Focus Plan network. Out-of-area coverage is limited to urgent care (2 visits annually), emergency-only and virtual visits.

The Focus Plan is built around a partnership between you and your personally selected Primary Care Team (PCP). Your Primary Care Team will help you navigate the healthcare system by providing referrals to Specialists.

It is your responsibility to verify that Specialist referrals made by your PCP are in-network.

Here's how it works:
Step 1: Activate your Account by mobile app or phone; be sure to list your PCP with Centivo.
Step 2: Develop a care plan with your PCP. If Specialists are part of that care plan, you MUST get referrals for specialists from your PCP and notify Centivo prior to receiving care. This referral does not have to be in writing – just documented in your PCPs notes. You self-report the referral on the Centivo app or by phone. Referrals are good for one year.
Step 3: Follow the care plan of your PCP.

If you follow Steps 1 through 3, your claims will be processed under "Coordinated Care." If you do not activate your account or you do not get a referral or do not notify Centivo of the referral prior to treatment, your claims will be processed under "Uncoordinated Care."

Advantages of the Focus Plan:

- No deductible if you follow the plan rules for Coordinated Care
- Low per pay period premiums
- No cost for e-Visits, Virtual Visits and InstaCare visits
- No out-of-pocket costs for primary care with Coordinated Care
- Low out-of-pocket predictable costs for all other services with Coordinated Care

Disadvantages of the Focus Plan:

- Narrow network – not an appropriate plan for those employees who live out of state or have dependents out of state or for those currently getting treatment at a provider or facility not in the network and you want or need to stay with that provider
- Referral process necessary to see a Specialist
- If you see a Specialist, must make sure that the Specialist is in-network AND that you notify Centivo of the referral prior to seeing the Specialist
- Claims are processed as Uncoordinated if you do not follow the plan rules

Focus Plan Specifics	Coordinated Care: 1. Activate Plan on-line or by phone. 2. Receive referrals for specialty care from your Primary Care Team. 3. Notify Centivo of referrals online or by phone prior to receiving service.	Uncoordinated Care: 1. No Activation and/or 2. No referrals for specialty care, and/or 3. Do not notify Centivo of referrals prior to receiving service.
Calendar Year Deductible - CYD (Individual/Family): All services subject to deductible except where noted.	None	$500/$1,000
Out-of-Pocket Maximum - OOP (Individual/Family)	$2,500/$5,000	$7,900/$15,800
Lifetime Maximum	Unlimited	Unlimited
Preventive Care - Annual wellness exams, Pap test, first colonoscopy in the calendar year, sigmoidoscopy, bone density and/or vision care (eye exam)	No cost	No cost
Breast Health - Screening mammograms, ultrasound and/or MRI	No cost	No cost
Breast Health - Diagnostic mammograms	$30	40%
Breast Health - Diagnostic MRI	$150	40%
Hospital Admission	$750	40%
Outpatient Ambulatory Surgery	$500	40%
Radiology Services - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices	$30	40%
Select Radiology Services - (CT, MRI and PET scans) Regardless of where they are done including physician offices	$150	40%
Primary Care Office Visit - (Includes family practice and internal medicine physicians and pediatricians)	No cost	20%
Specialist Office Visit - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)	$30	40%
e-Visits via MyChart	No cost	No cost
Virtual Visit (video/phone)	No cost	No cost
InstaCare Visit	No cost	No cost
Chiropractic Office Visit	$30	40%
Physician Services - Hospital inpatient or outpatient surgery	No cost	40%
Emergency Room Visit	$500	$500
Urgent Care	$50	20%
Laboratory Services (Medically necessary)	$30	40%
Therapeutic Services (Physical, occupational, speech therapy office visits)	$30	40%
Cardiac and Pulmonary Rehab Visits	$30	40%
Holistic Treatment	$30	40%
Mental Health/Substance Abuse (Inpatient services)	$750	40%
Individual or Group Therapy - Can be self-referred	No cost	20%

Focus Plan With Completion of Health Risk Assessment Per Pay Period (26 pay periods)

Requirements for the Healthy Lifestyle Premium are completion of the Health Risk Assessment within 30 days of your hire date or status change date by both you and your covered spouse.

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$63.00	$126.00
Employee + Child(ren)	$97.00	$160.00
Employee + Spouse	$107.00	$170.00
Employee + Family	$147.00	$211.00
Employee + Spouse w/ Spousal Surcharge	$157.00	$220.00
Employee + Family w/ Spousal Surcharge	$197.00	$261.00

Focus Plan Without Completion of Health Risk Assessment Per Pay Period (26 pay periods)

If you and your covered spouse do not complete the Health Risk Assessment within 30 days of your hire date or status change, you will pay the additional $15 per pay period.

Coverage Levels	Full-Time Rates Per Pay Period	Part-Time Rates Per Pay Period
Employee Only	$78.00	$141.00
Employee + Child(ren)	$112.00	$175.00
Employee + Spouse	$122.00	$185.00
Employee + Family	$162.00	$226.00
Employee + Spouse w/ Spousal Surcharge	$172.00	$235.00
Employee + Family w/ Spousal Surcharge	$212.00	$276.00

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.
*Physicians in a profit and loss model will pay total cost of this plan.
*Spouse surcharge of $50 per pay period is required if your covered spouse is offered coverage with another employer and you opt to cover them on a Cone Health medical plan. You do not have to pay the surcharge if your spouse is unemployed, self-employed, retired, on Medicare, a student or also a Cone Health employee.

Prescription drug plan

The prescription drug program is the same for all three health care plans – Choice, Save and Focus. However, with Choice and Focus Plans, prescription drugs are not subject to the deductible and the plan will pay according to the schedule below.

Remember that with the Save Plan, the full cost of prescription drugs must be paid for by you until your deductible is met. Starting Jan. 1, 2020, any out-of-pocket expense covered by a manufacturer co-pay savings card will no longer be applied toward your deductible. Once your deductible is met, the prescription drug plan will pay as listed on the schedule below. The only exception is the list of Safe Harbor drugs and those drugs are the same cost as the Choice and Focus Plans regardless of whether or not you have met your deductible. You can find the list of Safe Harbor drugs on the MyBenefits page.

Mail Order

Do you live outside of the Alamance, Guilford or Rockingham County areas in North Carolina or in Virginia or just having a hard time getting to the Cone Health Outpatient Pharmacies before they close? Cone Health operates a mail order service out of the Wesley Long Outpatient Pharmacy for employees who live in North Carolina and Virginia (the states where we are licensed to provide mail order). Get the same low Cone Health Outpatient Pharmacy prices plus a $5 shipping charge per package. Multiple prescriptions can be shipped in one package. The shipping charge can be paid with your Flex/HSA card.

2020 Prescription Drug Benefit

Type of Drug	Cone Health Outpatient Pharmacies 30/60/90	Other Retail Only 30 days	MedImpact Mail Order 90 days	Only NC and VA Cone Health Mail Order** 30/60/90
Free generic list	$0	Only available at Cone Health Outpatient Pharmacy	Only available at Cone Health Outpatient Pharmacy	$0
Preferred Generic List	$5/$10/$15	$20	$60	$5/$10/$15
Non-Preferred Generics	20% with minimum of $15/$30/$45 No maximum limit	30% with minimum of $25 No maximum limit	30%	20% with minimum of $15/$30/$45 No maximum limit
Preferred Brand	20% with minimum of $30/$60/$90	30% with $50 minimum and $150 maximum	$250	20% with minimum of $30/$60/$90
Non-Preferred Brand	20% with minimum of $100/$200/$300 No maximum limit	50% with minimum of $150 and $350 maximum	$350	20% with minimum of $100/$200/$300 No maximum limit
Specialty Generic	20% with $15 minimum and $250 maximum	Only available at Cone Health	Only available at Cone Health	30 days only 20% with $15 minimum and $250 maximum
Specialty Brand	$250	Only available at Cone Health	Only available at Cone Health	$250

** A $5 per package shipping charge will be required for Cone Health mail order. Packages may contain one or multiple prescriptions for the same shipping price.

Please Note:

- Maintenance drugs must be filled by the Cone Health Outpatient Pharmacies, either in person or by Cone Health mail order.
- A prior authorization will be required for any branded medication that has an equivalent.

Still wondering how each plan will pay for your services each year? Here is an example:

Medical Plan Cost Comparison

Below is a cost comparison between the 3 different medical plans and what your total out-of-pocket costs might be for the year given the visits listed below. This example is provided only to help you understand how each plan pays.

Assumptions:

1. Full-time employee with employee only coverage
2. Employee's pay rate is $25
3. Employee uses THN providers
4. A PCP visit costs $100 (for the example)
5. A Specialist visit cost $150 (for the example)
6. The employee's deductible has already been met (since all plans have the same prescription plan after the deductible is met, we did not include the cost of prescription drugs in this example)
7. The employee completed all of their steps to get the Healthy Lifestyle Premium in 2020

Plan Specifics	Choice Plan	Save Plan	Focus Plan – Coordinated Care	Focus Plan – Uncoordinated Care*
Deductible	$300.00	$1,400.00	$ -	$500.00
HSA Seed Money (based on $25 rate)	$ -	$(500.00)	$ -	$ -
2 Primary Care Visits (THN)	$20.00	$ -	$ -	$40.00
Annual Physical	$ -	$ -	$ -	$ -
2 Specialist Visits	$100.00	$60.00	$60.00	$120.00
Sub-total without hospital visit	$420.00	$960.00	$60.00	$660.00
Hospital Admission ($10,000 bill)	$2,400.00	$2,000.00	$750.00	$4,000.00
Physician for Inpatient Surgery ($5,000 bill)	$1,000.00	$1,000.0	$ -	$2,000.00
Cost Including Hospital Admission	$3,820.00	$3,960.00	$810.00	$6,660.00
Annual Premium	$2,236.00	$1,378.00	$1,638.00	$1,638.00
Grand Total Annual Cost Including Premium	$6,056.00	$5,338.00	$2,448.00	$8,298.00

Wellsmith: A Great Benefit for Type 2 Diabetes

Cone Health is excited to offer a digital health platform for employees and their dependents who have Type 2 diabetes (T2D). Wellsmith is a digital health assistant that makes managing your health simple and actionable, while connecting you to your Care Team for health guidance and support when and where you need it - all on your smartphone.

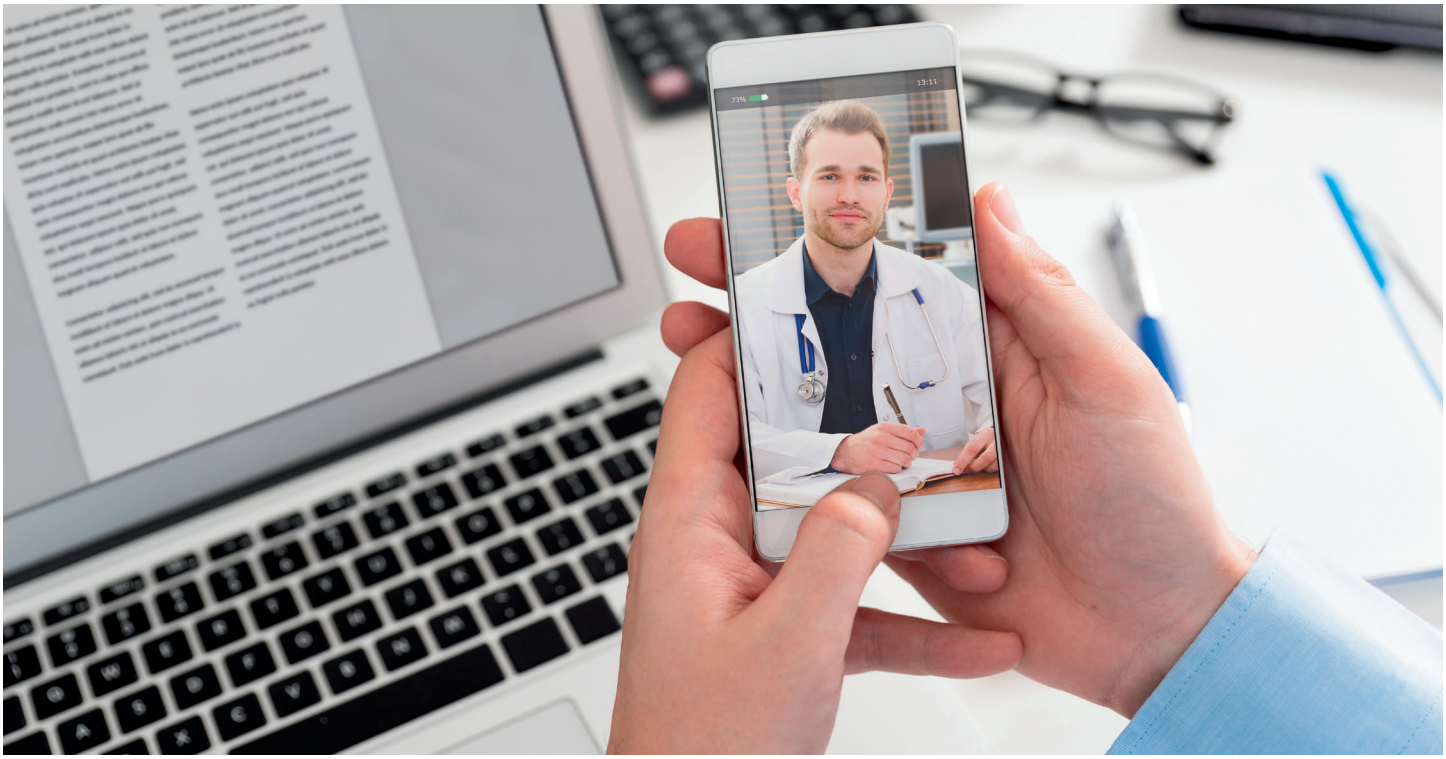
Wellsmith participants receive a Bluetooth glucometer, scale and activity tracker at no cost, covered under the Cone Health employee benefit program, and their T2D digital Care Plan connected to their smartphones. With Wellsmith, you'll get daily reminders to keep you on track with medications, glucose, weight measurements and activity goals, so you can take control of your health.

If you and your dependents are enrolled on a Cone Health medical plan, you have the opportunity to benefit from Wellsmith. More than 350 Cone Health employees and their dependents use Wellsmith and are succeeding in their health journey:

- Over half of the participants starting with an A1C greater than 8 have shifted below an A1C of 8 while participating in the program.
- The top 25% of participants have lost 4.7% of their body weight.

Are you ready to become your healthiest self and join Wellsmith? Visit Wellsmith.com/ConeEmployee to sign up.

Watch this video: https://vimeo.com/342289788 then visit Wellsmith.com/ConeEmployee to sign up.



Connected Care

ConnectedCare
connectnow.conehealth.com

Getting sick is never convenient, but getting care should be. Save yourself and your family time and money for treatment of common conditions such as sinus symptoms, cough, flu-like symptoms and urinary problems. For all your options, visit connectnow.conehealth.com. Services are free for Choice and Focus Plan participants. There is a $35 co-pay for e-Visits and a $40 co-pay for Virtual Visits (video/phone) and InstaCare visits for members of the Save Plan.

InstaCare

InstaCare™
Fast Access Health Care

Reserve your spot online or walk-in for a same-day, face-to-face visit at InstaCare 365 days a year. InstaCare is open Monday-Friday, 8 a.m. to 8 p.m. and Saturday-Sunday, 10 a.m. to 4 p.m. Clinic locations: 2800 Lawndale Drive, Suite 109, Greensboro and 3866 Rural Retreat Road, Suite 104, Burlington. InstaCare is OPEN on HOLIDAYS!

InstaCare is free for those on the Choice and Focus Plans. For those on the Save Plan, the cost is $40 or less (and does not apply to your deductible).
Insurance is not filed. InstaCare accepts cash, checks, credit cards, FSA cards, and HSA cards. Reserve your spot online at InstaCareCheckIn.com. Cone Health employees who are not on a Cone Health insurance plan may still utilize this service as InstaCare is open to the public. (See website for visit fees for those not on Cone Health medical plans and the public.)

Virtual Visits (Video/Phone)

Cone Health Virtual Visit
Connect Now

Connect with a board-certified provider 24 hours a day/7 days a week. Available 365 days per year for all ages, nationwide. Connect with a smartphone, computer or tablet via the web or download and use the Cone Health Virtual Visit App in the Apple store or Google Play store. A Virtual Visit (video/phone) is free for Choice and Focus Plan participants; there is a $40 co-pay for members of the Save Plan. Cone Health employees who are not on a Cone Health medical plan may still utilize this service as Virtual Visits are available to the public. Also, using connectnow.conehealth.com offers the Virtual Visits at a significantly discounted rate.

Meet Sophie, your digital health assistant. She can help you register for Virtual Visits. To connect with Sophie, simply text 635-483 and enter "Coneemployee" as a message. Register now to make it easier to use a Virtual Visit when you are not feeling well.

E-visits via MyChart

Available through your MyChart account 7 days a week from 8 a.m. to 8 p.m. for ages 18 and older. In MyChart, complete a brief online questionnaire and have a personalized plan of care in one hour via your MyChart In Basket. If a prescription is needed, it will be sent electronically to the pharmacy of your choice. An e-Visit is free for Choice and Focus Plan participants: there is a $35 co-pay for members of the Save Plan. Cone Health employees who are not on a Cone Health medical plan may still utilize this service as e-Visits are available to anyone who has a MyChart account.

DOWNLOAD the Cone Health Virtual Visit and MyChart Apps from the App Store and Google Play.

Your Options at a Glance

LiveLifeWell Employee Wellness

LiveLifeWell's mission is to improve the health and well-being of our Cone Health employees and families through programs and offerings such as onsite Fitness Centers, onsite Massage Therapy, onsite Personal Training, Free Group Exercise classes, Condition management programs, and more. For more information on these programs and more visit our website at www.livelifewell.conehealth.com or contact us at livelifewell@conehealth.com or 336-832-LIVE.

Healthy Lifestyle Premium Program

New to Medical Plan Coverage?
Keep Your Premiums Low in 2020!
Who: Employees and spouses on any Cone Health medical plan (Choice, Save and Focus) on or after Jan. 2, 2020.
What: Complete a Health Assessment to earn the Healthy Lifestyle Premium rate in 2020.
By when: Within 30 days of coverage beginning on a Cone Health medical plan. Failure to complete the assessment by the deadline will result in a medical insurance premium increase of $15/pay period for the remainder of 2020.
How: Create an account at www.myactivehealth.com/conehealth and complete your assessment.

Notice: Requirements for annual physical and health action step will begin the following January after enrolling in a Cone Health medical plan. For more information, please visit www.myactivehealth.com/conehealth.

Questions? Call 1-855-294-6577 or email livelifewell@conehealth.com

Employee Assistance Counseling Program (EACP)

The Employee Assistance Counseling Program or EACP, is a service of Cone Health provided to you free of charge. Services offered include assessment of problems; counseling for individuals, couples, or families; counseling for adults, adolescents or children or referral to other specialized services. All services are confidential and professional and there are no set limits on the number of visits you are allowed. Voluntary use of EACP services will not be noted in any employee records or known by your managers.

Why Use EACP? Problems can impact your effectiveness, mood, and quality of life. EACP helps to minimize or prevent problems from negatively altering relationships, work abilities, and life satisfaction. EACP can help with: stress, marital conflict, depression, substance abuse, loss and grief, family problems, job burnout, anxiety, aging parents, parenting or school problems, financial stress, legal concerns, loss of life direction, workplace difficulties.

For information, appointments or crisis assistance, call 336-538-7481 or 1-877-800-9401. We have locations in Greensboro, Burlington, Reidsville and Mebane.

Dental

Cone Health offers two dental plans: Basic and Major. Our dental administrator is CIGNA and you can go to any dentist that you choose. However, if you go to a CIGNA network dentist, your out-of-pocket costs might be less.

Find CIGNA network providers at www.Cigna.com and click on "Find a Doctor" at the top of the screen. Then select "Plans through your employer or school." Then enter a name, specialty or other search word. Click on "Continue as guest." Cone Health has the Total Cigna DPPO Network.

During the enrollment process only, for questions about Cigna coverage and network, call Cigna 24/7 at 800-564-7642. CIGNA will not yet have your demographic information or election but they can answer plan specific questions for you. Our group number with CIGNA is 3342903 effective Jan. 1, 2020.

2020 Basic Dental

- Covers cleanings 2X per year at 100% (not subject to deductible)
- 80% coverage (after deductible) on Basic Restorative: fillings, endodontics, periodontics, oral surgery
- $750 maximum benefit per individual per year.
- $50 individual deductible, $150 family deductible.

Pay Period Premiums for the Basic Plan (26 pay periods)

Coverage Option	Full-Time rates per pay period	Part-Time rates per pay period
Employee Only	$12.00	$13.75
Employee + Child(ren)	$23.00	$26.00
Employee + Spouse	$18.00	$21.00
Employee + Family	$30.00	$35.00

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.

*Physicians in a profit and loss model will pay total cost of this plan.

2020 Major Dental

- Covers cleanings 2X per year at 100% (not subject to deductible)
- 80% coverage (after deductible) on Basic Restorative: Fillings, Endodontics, Periodontics,Oral Surgery
- 50% (after deductible) on Major Restorative: inlays and onlays, crowns (including prosthesis over implant), bridges and dentures, repairs to bridges, crowns, inlays and dentures
- 50% (after deductible) on Orthodontics (no age limit); $1,750 lifetime maximum.
- $1,750 maximum benefit per individual per year.
- $50 individual deductible/$150 family deductible.

Pay Period Premiums for the Major Plan (26 pay periods)

Coverage Option	Full-Time rates per pay period	Part-Time rates per pay period
Employee Only	$20.00	$24.00
Employee + Child(ren)	$38.00	$44.00
Employee + Spouse	$30.00	$35.00
Employee + Family	$52.00	$61.00

*Full-time is .75 to 1.0 FTE; Part-time is .30 - .74 FTE.

*Physicians in a profit and loss model will pay total cost of this plan.

Vision

Community Eye Care (CEC) is our vision provider in 2020. We offer two plans – one with an eye exam and one without.

- Community Eye Care has a large network in Guilford, Alamance, Rockingham and Forsyth counties. 99% of NC providers are in-network.
- CEC offers a flexible eyewear allowance of $250 annually and members can purchase what they want – any combination of frames, lenses, contact lenses, sunglasses, special lens options or anything sold in an optical shop and any combination! There is no "either glasses or contacts" but members can use their allowance for any combination of items.
- CEC is offering Cone Health a children's vision benefit this year. Knowing how children's eyesight can change quickly, children up to the age of 13 who are enrolled in the CEC Comprehensive Vision Plan will be eligible for an additional eye exam each year which is covered in full with no co-pay, and the second pair of glasses is covered up to the $250 allowance.
- Non-prescription eyewear is also covered under the CEC plan including sunglasses as long as the purchases are made from an optical shop.
- No out-of-network penalties. The full benefit of $250 can be used out-of-network. You just have to file for reimbursement to claim the $250 benefit by completing an out-of-network claim online. Visit cecvision.com/oonform to submit any out-of-network claim or visit cecvision.com/oonform-costco for faster reimbursement specifically for Costco claims. Members can also submit claims via mail. Reimbursement is typically paid within 60 business days. Some out-of-network restrictions apply. Examples of restricted locations include Macy's, Sunglass Hut, Dick's Sporting Goods, Oakley, Ray-Ban and Amazon.com. For a comprehensive list to go www.cecvision.com/supplemental-information.
- CEC has an in-network online retailer, Coastal.com if you want to use an online retailer. Upload your picture and "try on" glasses!
- This is a calendar year benefit and resets every January 1; regardless of when you had your service in the previous year.

• The vision benefit is fully portable – which means when you leave Cone Health, you can take your vision plan with you for life at your current rate!

Remember: If you have healthcare coverage with Cone Health, your coverage includes an annual eye exam. You should consider the Comprehensive Plan if: you do not have medical coverage with Cone Health and you're unsure if an eye exam is covered in your plan; your eye provider is not in your medical plan network; you may need to take advantage of the children's vision benefit of more than one eye exam per year; you will be retiring from Cone Health and want the Comprehensive Plan to take with you into the future.

Vision Plan Comparison

Coverage Details	Community Eye Care Eyewear Plan (No Exam)	Community Eye Care Comprehensive Plan (Includes Exam)
Eye Exam	Not Covered	Free annual routine eye exam
Eyewear Allowance	Flexible $250 annual benefit for purchase of glasses, contacts or a combination Non-prescription eyewear, including sunglasses, are included in the CEC plan as long as you purchase them from an optical store.	Flexible $250 annual benefit for purchase of glasses, contacts or a combination Non-prescription eyewear, including sunglasses, are included in the CEC plan as long as you purchase them from an optical store.
Annual contact lens fitting, re-fit or evaluation	Not covered	$25 co-pay
Discounts – available from most in-network providers	30% on progressive lenses 20% on frames and/or lenses 10% on contact lenses	30% on progressive lenses 20% on frames and/or lenses 10% on contact lenses
Out-of-network benefit	Full covered benefit of $250; no Out-of-Network penalties. However, you have to file for reimbursement at cecvision.com/oonform or cecvision.com/oonform-costco (specifically for faster reimbursement of Costco claims). Some restricted locations apply and include Macy's, Sunglass Hut, Dick's Sporting Goods, Oakley, Ray-Ban and Amazon.com. For a comprehensive list, go to www.cecvision.com/supplemental-information.	Full covered benefit of $250; no Out-of-Network penalties. However, you have to file for reimbursement at cecvision.com/oonform or cecvision.com/oonform-costco (specifically for faster reimbursement of Costco claims). Some restricted locations apply and include Macy's, Sunglass Hut, Dick's Sporting Goods, Oakley, Ray-Ban and Amazon.com. For a comprehensive list, go to www.cecvision.com/supplemental-information.

Pay Period Premiums for the Major Plan (26 pay periods)

Coverage Option	Community Eye Care Eyewear Plan (No Exam)	Community Eye Care Comprehensive Plan (Includes Exam)
Employee Only	$2.95	$4.95
Employee + Child(ren)	$6.37	$10.68
Employee + Spouse	$4.88	$8.13
Employee + Family	$8.75	$14.76

Financial Protection: Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA)

Flexible Spending Accounts

Your Healthcare and Dependent Care flexible spending accounts are both administered by MarketLink. You may get requests from MarketLink for flex receipts. MarketLink is required by the IRS to substantiate your receipts. We are working on several ways that will cut down on the number of receipts requested. Please have patience and provide the receipts.

A Healthcare Flexible Spending Account is an account that allows you to set aside pre-tax money to pay for eligible medical, dental and vision expenses for you and any dependents that you can claim on your federal tax return. The 2020 annual limit is currently $2,700. The amount you elect during the annual enrollment process will be available to you on Jan. 1, 2020, on a blue MasterCard. You can carry over balances of $500 or less into the next year. This account can be used by those in the Choice Plan, the Focus Plan and the Save Plan (if you are age 65 or older and enrolled in Medicare Part A, which makes you ineligible for the Health Savings Account). You can also use this for dental and vision expenses.

Using a Limited Flexible Spending Account With the Save Plan

Remember you can also use this account on a limited basis (only for dental and vision expenses) when enrolled in the Save Plan/Health Savings Account. Once you meet your deductible in the Save Plan, you notify MarketLink by submitting a form along with a copy of your Explanation of Benefits (EOB) that shows you have met your deductible and they can remove the "limited" designation from this account and it becomes "general purpose". You can then use flex money to cover your medical, dental and vision expenses – preserving the balance in your Health Savings Account for future use.

A Dependent Care Flexible Spending Account is an account that allows you to set aside pre-tax money to pay for your child's day care (if it is not a Cone Health child care center). Child is described as less than 13 years of age and claimed as a dependent on your federal tax return. Employees earning under $125,000 per year can contribute up to $5,000 per year. NEW in 2020: If you earn $125,000 or greater in a year, you will have a $3,000 annual limit in order for Cone Health to pass the Non-Discrimination testing required by the IRS each year.

Your dependent care flexible spending account is on the same blue MasterCard as the healthcare flexible spending account however, this account is not pre-funded. You must contribute thru payroll and the contributions must be posted to your card before you can use the card to pay for your day care expenses. There is no carry-over from year-to-year for dependent care flex accounts. However, there is a grace period. You have until 3/15/2021 to spend your 2020 balance and 3/31/2021 to file claims. All 2020 money left in your account after 3/31/2021 will be forfeited.

Health Savings Accounts

Health Savings Accounts (HSA) are also administered by MarketLink and on the same blue MasterCard as flex accounts. HSA is an account that allows you to set aside pre-tax money for eligible medical, dental and vision expenses. This account is only available to those enrolled in the Save Plan. Your HSA is "portable," which means you keep it if you retire or leave Cone Health.

Some facts about HSA:

- You can only make pre-tax contributions through payroll deductions.
- This plan is not pre-funded (like flex plans). Your payroll contributions must be posted on your blue MasterCard before the funds are available for you to use for expenses.
- Cone Health will provide seed money to eligible employees the first pay period in January (and new hire/status change amounts will be pro-rated based on the number of months left in the calendar year):
    - o $12.00 - $17.50 per hour = $750
    - o $17.51 - $31.00 per hour = $500
    - o $31.01 and up per hour = $250

Your contributions and Cone Health's contribution combined cannot exceed the annual maximum set by

the IRS. In 2020, the maximum amounts are $3,550 for single coverage and $7,100 for family coverage. You can contribute an additional $1,000 if you are age 55 or older. Remember to consider your seed money when setting your 2020 annual contribution. You are responsible for making sure you maintain your eligibility for a Health Savings Account and that you spend your HSA on eligible expenses (visit IRS.gov and refer to Publication 502). MarketLink will not audit how you spend your HSA.

- Save your receipts!! You will need them if you are audited by the IRS.
- You can change your HSA amount at any time throughout the year by calling the Benefits Service Center at 336-832-8777.

Life Insurance

Basic Life Insurance

Life insurance (provided by Aetna/Hartford) pays a lump-sum to your beneficiary(ies) to help meet expenses in the event of your death. Basic life includes an additional multiple of your salary for accidental death. Basic life insurance is mandatory and cannot be declined. Benefits will be reduced to 50 percent at age 75.

Plan	Coverage Amount	Cost to You
Staff Basic Life Insurance	1X base salary up to a maximum of $400,000. Changes in FTE or salary will change your coverage and deductions.	Paid by Cone Health or the physician practice.
Department Head and Physician Basic Life Insurance	2X base salary up to a maximum of $400,000. Changes in FTE or salary will change your coverage and deductions	Paid by Cone Health or the physician practice (unless you are a P & L physician and pay full cost).

Supplemental Life Insurance

Supplemental life insurance is additional life insurance that can be purchased by you for 1, 2 or 3 times your annual salary ($600,000 maximum applies).

Supplemental life insurance is available for staff, department directors and physicians.

Supplemental Accidental Death and Dismemberment

Employee coverage levels are listed below at $25,000; $50,000; $100,000 and $200,000. If you enroll in family coverage, the spouse is covered at 50 percent of the employee coverage and children are covered at 15 percent of the employee coverage, capped at $25,000. Coverage is provided by Aetna/Hartford.

Coverage Option	Employee Only Coverage	Family Coverage
$25,000	$0.19	$0.25
$50,000	$0.37	$0.51
$100,000	$0.74	$1.02
$200,000	$1.48	$2.03

Dependent Life for spouse

Spouses are covered by amounts between $5K and $25K. Coverage is provided by Aetna/Hartford.

Coverage Option	Per Pay Period
$5,000	$1.00
$10,000	$1.99
$15,000	$2.98
$20,000	$3.98
$25,000	$4.97

Dependent Life for child(ren)

Child(ren) can be covered up to age 26. Coverage is provided by Aetna /Hartford.

Coverage Option	Per Pay Period
$5,000	$0.72
$10,000	$1.44

Disability Insurance

If you became ill or injured for an extended period of time and were unable to work, how would you pay your bills? Disability insurance helps! Disability coverage and deductions increase or decrease as your hourly rate and/or FTE increases or decreases.

Short-Term Disability

In 2020 both Short Term Disability plans will have a $3,000 weekly maximum.

Short-Term Disability pays 60% of your salary after the elimination period.

- 1st Day Accident/8th Day Illness Plan - $3,000 a week maximum.
- 21 Day Accident or Illness Plan - $3,000 a week maximum.

If you add short-term disability after this initial eligibility period, you will be required to submit an Evidence of Insurability (medical questionnaire) and your coverage will be approved or denied. Aetna/ Hartford will send you the Evidence of Insurability form to complete and return to them.

Long-Term Disability

Long-Term Disability pays a percentage of your salary for a period of time to protect your finances against the long-term financial burden that follows being disabled. If you are in a basic long-term disability plan for staff or physicians and wish to increase to the higher plan for 2019, you will not be required to submit an Evidence of Insurability form. However, if you become disabled during the first 12 months of the increased coverage, the buy-up portion would be denied if the disabling condition is deemed preexisting.

Staff

Basic Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month for 2 years if disabled from your own occupation or up to Social Security Normal Retirement Age if disabled from all occupations. Paid for by Cone Heath or the practice.

Major Long-Term Disability – After a 90-day elimination period, pays 70% of your salary up to $15,000 per month for 2 years if disabled from your own occupation or up to Social Security Normal Retirement Age if disabled from all occupations. You pay for the additional 10%; Cone Health or the practice pays for 60% of the coverage.

Leadership

Management Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month if you are disabled from your own occupation up to Social Security Normal Retirement Age. Paid for by Cone Health. Remember your Short-Term Disability is salary continuance and you should not sign up for Short Term Disability.

Physicians

Physician Basic Long-Term Disability – After a 180-day elimination period, pays 60% of your salary up to $10,000 per month if disabled from your own occupation, own specialty. Pays up to Social Security Normal Retirement Age.

Physician Buy-Up Long-Term Disability – After a 90-day elimination period, pays 60% of your salary up to $15,000 per month if disabled from your own occupation, own specialty. Pays up to Social Security Normal Retirement Age.

Child Care Benefits

Cone Health partners with Bright Horizons to manage and provide care for the children of our employees in a loving and nurturing environment at onsite child care Centers located at the Alamance Regional Medical Center in Burlington, and Moses Cone Hospital and Wesley Long Hospital campuses in Greensboro. The Woodmont Center is available to employees who live and/or work in the Reidsville area.

Tuition is payroll-deducted and employees earning under $125,000 per year can contribute up to $5,000 pre-tax each year with the remainder as after-tax deductions. A tuition assistance program (TAP) may be available. **NEW in 2020**: If you earn $125,000 or greater in a year, you will be limited to a $3,000 annual pre-tax limit in order for Cone Health to pass the Non-Discrimination testing. The remainder will be after-tax deductions.

For additional information, please call the child care centers:

The Children's Corner, located at The Moses H. Cone Memorial Hospital, 336-832-7997

Kid's Connection, located at Wesley Long Hospital, 336-832-1746

The Family Enrichment Center, located at Alamance Regional Medical Center, 336-586-9767

The Woodmont Child Development Center, located in Reidsville, 336-342-5597

Bright Horizons Back-Up Care

If your regular caregiver is unavailable, if school is closed for vacations or holidays, your elder relative needs care in his/her home anywhere in the U. S. or if you are transitioning back to work after leave, Back-Up Care provides the highest quality child and/or elder care when and where you need it.

Support your family with up to 10 annual days of back-up child and adult/elder care at subsidized rates. Center-based care is $15/day or $25/family; in-home care is $6/hour.

Register now at no cost by calling 1-877-242-2737 or online at: https://clients.brighthorizons.com/conehealth
Back-Up User Name: cone
Back-Up Password: health

Bright Horizons Special Needs

Half of today's workforce provides care for children, 20% with special or exceptional needs such as autism, ADHD and learning disabilities. Bright Horizons Special Needs is the first-of-its-kind education navigation platform that can help redirect caregivers to the education system for services. No medical diagnosis is required. The program also supports common concerns like anxiety, self-esteem, screen time, etc. The program is free for Cone Health employees.

Program highlights include help navigating Special Education and related services that are mandated to be covered by public schools via the Individual with Disabilities Education Act:

- Speech/language occupational, physical, behavioral therapies. Evaluation services, etc. delivered via Individualized Education Programs (IEPs).
- Guidance, advocacy and daily management for children with special needs including automation of IEP development and communications.
- Intelligent education navigation platform with step-by-step guidance augmented by webinars, optional one-on-one services.
- Covers all special needs, whether hidden or diagnosed, and their impact from birth through young adulthood.
- Calibrated to state timelines, eligibility requirements, resources.

Bright Horizons College Coach®

Employees spend countless hours navigating their children's education – worrying about saving for college, helping with homework or guiding them through the college admissions process. College Coach provides resources for all of these areas and more. The service is free for Cone Health employees.

Program highlights include:

- Team of 40+ experts with 700+ collective years' experience in college admissions and finance.
- 100% of College Coach students receive at least one acceptance letter.
- 95% of students get into one of their top choice schools.
- Live workshops, personalized assistance and online resources.
- Expert topics:
    - Saving for College.
    - Elementary School Essentials.
    - Money Smart: Raising Finance-Wise Kids.
    - Mastering Middle Schools.
    - Selecting the Right High School.
    - College Admissions: The Insider's View.
    - The Course Ahead: Majors to Careers.
    - Paying for College.
    - Education Loan Repayment Strategies.
    - Money Management for Young Professionals.

More Voluntary Benefits

Cone Health continues to offer access to many other voluntary benefits. You will have access to enroll in these benefits in the benefits enrollment system. You have one phone number (1-800-ASK-UNUM) that you can call for questions on policies that include whole life, critical illness, accident and hospital indemnity.

Permanent Whole Life

Term life provides a death benefit only and has no cash value. Your group policy with Cone Health is term life, which means you lose this coverage when you separate from service.

Permanent whole life would pay a death benefit but it also builds cash value over the life of the policy, which you can borrow against and premiums remain the same over the life of the policy. Policies can be continued on a direct pay basis if you leave Cone Health.

Unum offers a permanent whole life policy to you, your spouse, your children and/or your grandchildren. You do not have to buy coverage for yourself in order to purchase a policy for your spouse or child/grandchild. Standalone policies are available. No medical questions are required to enroll! Check the benefits enrollment system for prices.

Coverage Available For	$10,000	$20,000	$30,000	$40,000	$50,000
Employee	Yes	Yes	Yes	Yes	Yes
Spouse	Yes	Yes	No	No	No
Child/Grandchild	Yes	No	No	No	No

Critical Illness

Critical illness coverage through Unum can help safeguard your finances by providing a payment if you or a covered family member is diagnosed with a serious illness, including cancer, heart attack, coronary bypass surgery, stroke, end stage renal (kidney) failure, major organ failure, permanent paralysis, blindness, benign brain tumor or coma. Upon diagnosis of a specified covered illness, you would receive a lump-sum payment for each covered condition. No medical questions are required to enroll! Check the benefits enrollment system for prices.

Employee Coverage Available: $10,000, $20,000 or $30,000.

Spouse (ages 17-64) Coverage Available: $5,000, $10,000 or $15,000 (you must also insure yourself).

Dependent (under age 25) Child(ren) Coverage Available: Auto-enrolled at 50% of employee amount.

Accident Insurance

Accident insurance through Unum provides a lump-sum benefit payment directly to you if you have an accident on or off the job. The benefit amount you receive depends on the type of injury. For example, if your child falls and breaks an arm, you would receive numerous payments for accident-related services received at the hospital as well as the initial follow-up appointment. No medical questions are required to enroll! Rates remain the same.

Rates per pay period are:

Employee Only	$7.56
Employee + Child(ren)	$14.40
Employee + Spouse	$10.80
Family	$17.64

Hospital Indemnity

This benefit is provided by Unum. Hospital Indemnity helps you cope with the out-of pocket costs associated with a hospital admission (including maternity but excluding mental or emotional disorder and alcohol, drug or chemical dependency).

There are no pre-existing condition limitations, no waiting period and no medical questions to answer. The admission payment is made only one time per year, but with Unum, you can collect the Hospital Confinement limit ($100 a day) for up to 60 days per year. You can collect the ICU confinement limit ($200 a day) for up to 15 days per calendar year.

Low Plan - $500 Admission + $100 Confinement Paid for First Day

Coverage Option	Per Pay Period
Employee Only	$5.64
Employee + Child(ren)	$6.84
Employee + Spouse	$15.36
Family	$16.56

High Plan - $1,000 Admission + $100 Confinement Paid for First Day

Coverage Option	Per Pay Period
Employee Only	$9.00
Employee + Child(ren)	$10.97
Employee + Spouse	$25.09
Family	$27.06

ARAG® Ultimate Advisor® Legal Insurance

Legal insurance gives you access to a network of attorneys for a variety of legal needs, including wills and estate planning, financial matters, identity theft services, real estate matters, tax services, child custody/child modifications and credit records correction and more! The cost for this coverage remains $9.46 per pay period.

InfoArmor Identity Theft

Identity Theft monitors your personal information to help proactively safeguard it. If suspicious information is detected, you will be alerted by email, text or phone call. If identity theft occurs, an identity theft specialist will work with you to provide restoration services.

Employee Only - $4.59 per pay period
Employee and Family - $8.28 per pay period

Gradifi Refi

Cone Health has partnered with Gradifi to bring you access to exclusive refinance offers on your student loans. Through Gradifi Refi you will have the ability to compare offers from leading lenders in the industry to potentially lower your interest rates and monthly payments. You'll also have access to expert student loan counselors from American Student Assistance® (ASA), a national nonprofit dedicated to helping you make decisions about planning for, paying for and repaying for your higher education. To speak with an ASA counselor, call 844-248-3447. Counselors are available Monday – Thursday 8 a.m. to 8 p.m. ET and Friday from 8 a.m. to 5 p.m. ET.

Other benefits – available at any time

HealthShare Credit Union
Call 336-832-8119.

MetLife Payroll Deducted Home and Auto Insurance
Call 1-800-438-6388.

VPI Pet Insurance Offered by MetLife
Call 1-800-438-6388.

Employee Discounts
www conehealthemployeediscounts.com.

Legal Notices

Special Enrollment Rights Under HIPAA

During the enrollment period, if you decline enrollment for yourself or your dependents (including your spouse) because of other health care insurance coverage, you may in the future be able to enroll yourself or your dependents in the health care plan, provided that you request enrollment within 31 days after your coverage ends. To retain your rights for special enrollment, you may be required to certify during enrollment, in writing, that you are covered by another health care plan. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after marriage, birth, adoption or placement for adoption.

Summary Notice of Privacy Practices

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the Cone Health group health plan(s) (the "Plan") or others in the administration of your claims, and certain rights that you have. For a complete, detailed description of all privacy practices, as well as your legal rights, please refer to the accompanying Notice of Privacy Practices.

Our Pledge Regarding Medical Information

We are committed to protecting your personal health information. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

How the Plan May Use and Disclose Medical Information About You

We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We will disclose your medical information to employees of the Company for plan administration functions, which may include activities designed to improve health and reduce health care cost; but those employees may not share your information for employment-related purposes. We may also use and disclose your personal health information without your permission, as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Medical Information

You have the right to inspect and copy your medical information, to request corrections of your medical information, and to obtain an accounting of certain disclosures of your medical information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your medical information, or that communications about your medical information be made in different ways or at different locations.

How to File Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint.

Effective Date: April 14, 2004, as amended February 21, 2017

Group Health Plan Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Read It Carefully.

Effective Date: April 14, 2004, as amended February 21, 2017

This notice outlines the ways in which the Cone Health group health plan (the "Plan") may use and disclose Protected Health Information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by mail to your last-known address on file.

The HIPAA Privacy Rule protects only certain medical information known as "Protected Health Information". Protected Health Information is health information by which you could reasonably be identified which is collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of the Plan, that relates to:
(1) your past, present or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present or future payment for the provision of health care to you.

This Notice outlines the Plan's obligations and your rights regarding the use and disclosure of Protected Health Information. The Plan is required by law to maintain the privacy of your Protected Health Information, to provide you with this Notice of the Plan's legal duties and privacy practices with respect to Protected Health Information about you, and to comply with the terms of the Notice that is currently in effect.

Use and Disclosure of Your Protected Health Information

The following describe different ways in which we may use and disclose Protected Health Information about you without your individual consent. The examples of use and disclosures described in these categories do not necessarily constitute current uses of your Protected Health Information, nor do they describe every specific use and disclosure that may be made. However, all of the ways we are permitted to use and disclose Protected Health Information about you will fall within one of the categories described below.

For Payment. We may use and disclose Protected Health Information about you to determine or fulfill the Plan's responsibility for providing benefits under the Plan, to determine eligibility for benefits under the Plan, to facilitate or obtain payment for the treatment and services you receive from health care providers, or to coordinate Plan coverage. For example, we may share Protected Health Information about you with a utilization review or authorization service provider. We also may share such information about you with another entity to assist with the adjudication or subrogation of health benefit claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose Protected Health Information about you for operations and management of the Plan. For example, we may use or disclose such information in connection with: conducting quality assessment and improvement activities; reviewing the competency, qualifications or performance of healthcare professionals and providers; underwriting, premium rating, bill review and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; required workers' compensation disclosures; and other administrative activities. We may also use or disclose your Protected Health Information to carry out population-based and other health activities related to improving health or reducing health care costs or to inform you about treatment options and alternatives. We will not use or disclose genetic information about you for underwriting purposes.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims, to assist in health activities designed to improve health or reduce health care costs, or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose Protected Health Information about you when required to do so by federal, state or local law. For example, we may disclose such when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may disclose such about you in a proceeding regarding revocation of the licensure of a physician involved with your medical plan.

Disclosure to Another Health Plan. Information may be disclosed to another health plan maintained by the Company for purposes of facilitating claims payments under that plan and shared between the constituent health plans comprising the Plan "organized health care arrangement" for health care operations and the management and operation of the arrangement.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions (which include treatment, payment, and health care operations) or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Public Health Risks. We may disclose Protected Health Information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make such a disclosure when required or authorized by law.

Law Enforcement. We may release Protected Health Information about you if asked to do so by a law enforcement official such as: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the individual's agreement; about an individual who has died, whose death we suspect may be the result of criminal conduct, about criminal conduct occurring on the premises of the Company, and in emergency circumstances to report a crime, the location of the crime or victims or respecting the identity, description or location of the person who committed the crime.

Health Oversight Activities. We may disclose Protected Health Information about you to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court or administrative order. We also may disclose such information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made by the party seeking the information to notify you about the request or to obtain an order protecting the information requested.

Organ and Tissue Donation. If you are an organ donor, we may release Protected Health Information about you to organ procurement organizations or other entities, engaged in the procurement, banking and transportation of organs, eyes or tissue to facilitate organs, eyes or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We also may release such health information about foreign military service to the appropriate foreign military authority.

Workers' Compensation. We may release Protected Health Information about you as authorized by workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Coroners, Medical Examiners and Funeral Directors. We may release Protected Health Information about you to a coroner or medical examiner to identify a deceased person, determine a cause of death, or for other such duties as authorized by law.

National Security and Intelligence Activities. We may release Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. We may release Protected Health Information about you to a correctional institution or law enforcement official having lawful custody, as necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Specific Uses and Disclosures Requiring Your Written Authorization

The following uses or disclosures of Protected Health Information require your written authorization: use or disclosure of psychotherapy notes; use or disclosure for marketing purposes; or disclosure that constitutes a sale.

Other Uses of Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us written authorization to use or disclose Protected Health Information about you, you may revoke that authorization (also in writing), at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, any disclosures we make prior to revocation of your permission cannot be reversed. Unless use of your medical information in assisting you with a claim is clearly defined as related to "health care operations", we will not use or disclose your Protected Health Information in this context before receiving your individual authorization.

Unauthorized Use or Disclosure

We will notify you if unsecured Protected Health Information about you is accessed, used or disclosed in a manner not permitted under HIPAA and such use or disclosure compromises the privacy or security of the Protected Health Information.

Your Rights With Respect to Protected Health Information

You have the following rights regarding Protected Health Information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of Protected Health Information about you that may be used to make decisions about your Plan benefits. To inspect and copy Protected Health Information that may be used to make such decisions about you, you must submit your request in writing to the Privacy Official. If you request an electronic copy, we will provide it to you if the Protected Health Information is maintained electronically and is readily producible or, if it is not readily producible, we will provide it in a mutually-agreed, readable, electronic form and format. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to Protected Health Information, you may make a written request that the denial be reviewed, addressed to the Privacy Official.

Right to Amend. You have the right to request an amendment of Protected Health Information about you for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Official. In the written request, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reasonable basis for the request. In addition, we may deny your request if you ask us to amend information that: is not part of the Protected Health Information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete in our judgment.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures of Protected Health Information about you, excluding disclosures: made to carry out payment or health care operations; incident to a use or disclosure otherwise permitted or required; authorized by you or made to you; for national security or intelligence purposes; to correctional institutions or law enforcement officials under applicable law; or as part of a "limited data set" as authorized by law.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Official. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for payment or health care operations. You also have the right to request a limitation on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of- pocket in full.

To request restrictions, you must make your request in writing to the Privacy Official. In your request, you must tell us, specifically: (1) what information you want to limit; whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. We will attempt to honor such request if, in our sole discretion, the request is reasonable.

Right to Request Confidential Communications. You have the right to request that we communicate with you about Protected Health Information about you by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, please contact the Plan's Privacy Officer - the Executive Director of Employee Experience at 336-832-8740.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, at the top, the effective date.

Complaints

If you believe your privacy rights as described in this Notice have been violated, you may file a complaint with the Plan or with the Office for Civil Rights. To file a complaint with the Plan, contact the Plan's Privacy Officer at 336-832-8740. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid
Website: http://dhs.iowa.gov/Hawki
Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: : https://chfs.ky.gov
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dhs.pa.gov
provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311
(Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Newborn and Mother's Health Protection Act

Group health care plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Important Notice from Cone Health About Your Choice, Save and Focus Health Care Plan Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Cone Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Cone Health has determined that the prescription drug coverage offered by the Cone Health Choice Health Care Plan, the Cone Health SAVE Plan and the Cone Health Focus Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cone Health coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Cone Health coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cone Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this

higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the Cone Health People and Culture Service Center at 336-832-8777. NOTE: You'll get this notice each year in the Benefits Booklet. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cone Health changes. You also may request a copy of this notice from the People and Culture Department at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit http://www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: : Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	1/1/2020
Name of Entity/Sender:	Cone Health
Contact--Position/Office:	People and Culture Benefits Team
Address:	1200 N. Elm Street, Greensboro, NC 27401
Phone Number:	336-832-8777

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is an additional way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment periods for health insurance coverage through the federal Marketplace and state-run Marketplaces that use the federal enrollment website (www.healthcare.gov) generally take place from November 1 through December 15 of each year for coverage that will start on or after the first day of the new calendar year. Open enrollment dates may vary if you reside in a state with a state-run Marketplace that does not use www.healthcare.gov for enrollment. Outside of the open enrollment periods, you can only enroll in or change coverage if you qualify for a Special Enrollment Period as a result of certain life events.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% of your household income for the year 2020, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Cone Health at 336-832-8777. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Ask the Experts

Cone Health's Child Care Centers

Children's Corner	336-832-7997
Family Enrichment Center	336-586-9767
Kids Connection	336-832-1746
Woodmont Child Development Center	336-342-5597
Bright Horizons Back-Up Care	877-242-2737 https://clients.brighthorizons.com/conehealth

Cone Health Outpatient Pharmacies

Alamance Regional Medical Center	336-586-3900
MedCenter High Point	336-884-3838
Moses Cone Hospital	336-832-6279
Wesley Long Hospital	336-218-5762

Benefits Partners

Aetna (AXA Travel Assistance)	312-935-3704 www.aetnatravelassistance.com
Aetna (Disability Claims) aetnadisability.com	877-352-3862
Aetna Everest Funeral Planning Service	800-913-8318 www.everestfuneral.com/aetna
Aetna (Life)	800-826-7448, Opt. 4
ARAG UltimateAdvisor Legal Insurance - ARAGLegalCenter.com; use Access Code 18023ch	800-247-4184
Benefits email address	benefits@conehealth.com
Bright Horizons College Coach – user name: cone, password: health	888-527-3550 https://clients.brighthorizons.com/conehealth
Bright Horizons Special Needs – new user code: conehealth	844-693-3477 https://clients.brighthorizons.com/conehealth
Centivo (Focus Plan)	833-576-6491
CIGNA Dental	800-244-6224
Community Eye Care	888-254-4290
EdAssist	855-729-5962
Employee Assistance Counseling Program (EACP)	336-538-7481
Enrollment Services/Benefit Questions/HSA, FSA Questions	336-832-8777
Gradifi Refi (student loan refinance)	844-248-3447
Healthshare Credit Union healthsharecu.org	336-832-8119
InfoArmor Identity Theft	800-789-2720
Metlife (Home, Auto, Life)	800-438-6388 or 336-288-7600
NC 529 College Savings Plan cfnc.org/NC529; Cone Health Enrollment Code 02541	800-600-3453
Pet Insurance	800-438-6388
UMR (Health Care Claims, Network Questions) umr.com	800-826-9781
UNUM (Accident, Whole Life Insurance and Critical Illness Insurance)	800-635-5597
VALIC Client Care Center	800-448-2542
David Dupont	336-832-7995
Kevin Hanner	336-832-0090
Jan Walker	336-538-7667

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